

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. <div style="font-size: 1.5em; font-weight: bold;">097863983</div>	FILING DATE					
							APPLICANT(S)						
							CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				61						
2		1		1			62						
3		1		1			63						
4		1		1			64						
5		1		1			65						
6		1		1			66						
7		1		1			67						
8		1		1			68						
9		1		1			69						
10		1		1			70						
11		1		1			71						
12		1		1			72						
13		1		1			73						
14		1		1			74						
15		1		1			75						
16		1		1			76						
17		1		1			77						
18		1		1			78						
19		1		1			79						
20		1		1			80						
21		1		1			81						
22		1		1			82						
23		1		1			83						
24		1		1			84						
25							85						
26							86						
27							87						
28							88						
29							89						
30							90						
31							91						
32							92						
33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	2		1				TOTAL IND.						
TOTAL DEP.	22		14				TOTAL DEP.						
TOTAL CLAIMS	24		15				TOTAL CLAIMS						

BEST AVAILABLE COPY